

## Pharmacist Licensure Packet

Note:

IF you attend pharmacy school **outside** of Mississippi, the following steps must be completed prior to licensure.

- School of Pharmacy must submit a letter certifying that applicant **has graduated** and confirming degree received.
- Board of Pharmacy in that state must certify pre-licensure hours to our office (totaling **1600** hours)
- Applicants register for NAPLEX and MPJE exams (study material may be downloaded from web site [www.mbp.state.ms.us](http://www.mbp.state.ms.us) click on **regulations**).

Should you have any further questions, please feel free to contact our office at (601) 605-5388.



# MISSISSIPPI BOARD OF PHARMACY

6360 I-55 NORTH, SUITE 400: JACKSON, MS 39211  
601-899-8880: Fax 601-899-8851



## INSTRUCTION SHEET AND CHECKLIST FOR APPLICANTS FOR PHARMACIST LICENSURE

\*ENCLOSED IS YOUR APPLICATION FOR LICENSURE WITH THE BOARD\*

PLEASE FOLLOW INSTRUCTIONS EXACTLY – FAILURE TO FOLLOW INSTRUCTIONS MAY LENGTHEN THE PROCESSING TIME OR RESULT IN RETURN OF THE PACKET TO YOU. **Before you mail your application, check the following items to make sure the application packet is complete!!**

- ☐ Complete the application for licensure and have it notarized. Attach a passport quality photograph. (Page 1)
- ☐ Complete the affidavit questionnaire and have it notarized. (Page 2)
- ☐ If you dispense controlled substances in the state of Mississippi, you must apply for a controlled substance registration. Complete the application for registration to handle controlled substances. (Page 3)
- ☐ Place the completed application, affidavit questionnaire, controlled substance registration application (Pages 1,2,3) AND appropriate **NON-REFUNDABLE** fees (**\$100 for licensure, \$50 for controlled substance registration and \$40 background check fee**) in a postage paid envelope (not provided) and take it with you (along with page 4) to be fingerprinted.
- ☐ You must use the blue and white FD-258 (not provided) fingerprint card to be fingerprinted by the law enforcement agency of your choice (local police, sheriff, department of public safety, human resources, etc). You are responsible for any fees associated with the fingerprinting. **The verification form must be completed by the person taking the fingerprints** (Page 4). If the agency does not have the FD-258 card, please call the Board and we will send one to you.
- ☐ Ask the person who took the fingerprints to place the completed fingerprint card and verification form (Page 4) in the return envelope (provided by you) along with the application, affidavit questionnaire and controlled substance registration (Pages 1, 2, 3) and fees. Have them seal the envelope and drop it in the mail to our office.

**THE COMPLETED FINGERPRINT CARD SHOULD NOT BE RETURNED TO YOU**

**IMPORTANT:** If you have EVER been arrested, you MUST answer YES on the questionnaire and include an explanation. Falsification of your application for registration (including partial falsification and/or giving information that is misleading) constitutes grounds for IMMEDIATE DENIAL of your application to obtain a license/registration with the Board of Pharmacy. Background checks are Nationwide and consistently reveal information not contained on a local background check.

**Address**

6360 I-55 North  
Suite 400  
Jackson, MS 39211  
Office: 601-899-8880  
Fax: 601-899-8851

# MISSISSIPPI

## BOARD OF PHARMACY



### APPLICATION FOR LICENSURE AS A PHARMACIST

*If issued in the first half of the annual licensure period (January 1 – June 30), the license will expire at the end of the current licensure period. If issued in the second half of the licensure period (July 1-- December 31), the license will be valid through the next licensure period. See back of card for expiration date.*

**ANNUAL FEE - - \$100.00**

In compliance with the statutes of the State of Mississippi and the Regulations of the Mississippi Board of Pharmacy, I hereby make application to the Mississippi Board of Pharmacy for licensure as a pharmacist.

Name: \_\_\_\_\_ e-mail address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Graduated from: \_\_\_\_\_  
(Pharmacy School)  
Location: \_\_\_\_\_  
Enrolled from (date): \_\_\_\_\_  
Graduation (date): \_\_\_\_\_

**ONLY** passport size  
and quality photo  
required here for  
identification purposes.

The application will be returned  
without the proper type photo  
supplied.

\_\_\_\_\_  
(Name of Applicant)

Being duly sworn, says that he/she is the person referred to in this application and that the statements therein contained are true in every respect and that he/she has received a copy of the Statutes governing the Practice of Pharmacy and a copy of the current Regulations of the Mississippi Board of Pharmacy and hereby agree to obey and abide by the Statutes and Regulations.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Witness my hand and seal hereunto attached.

MY COMMISSION EXPIRES: \_\_\_\_\_

\_\_\_\_\_  
(Signature of notary public)

### OFFICE USE ONLY

Date Application Received \_\_\_\_\_  
Date Application Approved \_\_\_\_\_

Certificate Number: \_\_\_\_\_  
Practical Experience \_\_\_\_\_  
Hours \_\_\_\_\_

# MISSISSIPPI BOARD OF PHARMACY

6360 I-55 North, Suite 400, Jackson, MS 39211

## Affidavit Questionnaire

This form, completed and signed, will be maintained in your permanent file in the office of the Mississippi Board of Pharmacy. **Any omissions, or answers / explanations later found to be false or deceptive, could result in the Board denying issuance of or taking action against your license/registration in the State of Mississippi.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN#: \_\_\_\_\_ Nickname: \_\_\_\_\_

Answer yes or no to the following questions. **Any question answered Yes must have a full and complete explanation attached (typed or computer printed).**

1. Have you ever held a license/registration in any other profession? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Was that license/registration ever surrendered, resigned, canceled, or denied reissuance? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you ever been licensed/registered under any other name by any Board or licensing authority? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Has action of any type ever been taken against any license/registration? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Have you ever failed to pass any state board or national board examination? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Have you ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. What were the results of that arrest(s)? Explain on attached page as required above.
8. Do you have any felony or misdemeanor charges pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Have you ever used controlled substances or prescription drugs recreationally or without a valid prescription? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Have you ever received inpatient or outpatient treatment for alcohol or drug abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ANY OMISSIONS, FALSE AND/OR MISLEADING ANSWERS, OR FALSE AND/OR MISLEADING EXPLANATIONS, MAY RESULT IN DENYING ISSUANCE OF, OR TAKING ACTION AGAINST, YOUR LICENSE/REGISTRATION IN THE STATE OF MISSISSIPPI.**

## AFFIDAVIT OF APPLICANT

I, the above-named applicant, state, under oath, that I am the person referred to in this questionnaire and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this questionnaire may be grounds for the Mississippi Board of Pharmacy to refuse to issue or renew, suspend, restrict, revoke or take other disciplinary action against my license/registration in the State of Mississippi. I understand that if I am issued a license/registration, failure to comply with the laws or regulations governing the practice of pharmacy of this state, or any other state, will be cause for disciplinary action by the Mississippi Board of Pharmacy.

Further, that I give my consent for the release to the Mississippi Board of Pharmacy of any and all records or any other information which may relate to the above questions or my practice from any source or jurisdiction.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Seal)

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

Address

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Fax: 601-899-8851

# MISSISSIPPI

## BOARD OF PHARMACY



### APPLICATION FOR REGISTRATION TO HANDLE CONTROLLED SUBSTANCES ----FEE \$50.00

*If issued in the first half of the annual registration period (January 1 – June 30), the registration will expire at the end of the current registration period. If issued in the second half of the registration period (July 1 -- December 31), the registration will be valid through the next registration period. See back of card for expiration date.*

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

County: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_  
(Name of Business)

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

The attached \$50.00 is payment for registration with the Mississippi Board of Pharmacy to dispense controlled substances as indicated below. (This registration must be renewed **annually**.)

Drug Schedules Which Will Be Dispensed: (check all applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Schedule II Narcotic  | <input type="checkbox"/> Schedule II Non-Narcotic  |
| <input type="checkbox"/> Schedule III Narcotic | <input type="checkbox"/> Schedule III Non-Narcotic |
| <input type="checkbox"/> Schedule IV (all)     | <input type="checkbox"/> Schedule V (all)          |

Signature: \_\_\_\_\_

Name (Printed or Typed): \_\_\_\_\_

Date: \_\_\_\_\_

#### OFFICE USE ONLY

REGISTRATION NUMBER \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

RECEIPT NUMBER \_\_\_\_\_

# **MISSISSIPPI BOARD OF PHARMACY**

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PER FBI REQUEST, DO NOT RETURN COMPLETED FINGERPRINT CARD TO APPLICANT

## **FINGERPRINT VERIFICATION** **MUST BE COMPLETED BY PERSON TAKING FINGERPRINTS**

The enclosed fingerprint card contains the prints of the following individual:

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(Applicant Name)

and were taken by:

Official's Name Printed: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Individual fingerprinted was identified by:

\_\_\_\_\_ Driver's License Photo

\_\_\_\_\_ Other Photo Identification (list type) \_\_\_\_\_

\_\_\_\_\_ Person is known personally to me

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**THE PERSON TAKING THE PRINTS SHOULD PLACE THIS VERIFICATION FORM AND FINGERPRINT CARD, ALONG WITH THE COMPLETED APPLICATION, IN A POSTAGE PAID ENVELOPE (supplied by applicant) AND RETURN IT TO THE MISSISSIPPI BOARD OF PHARMACY.**

## ARTICLE I LICENSURE

A license for the practice of pharmacy shall be obtained from the Mississippi Board of Pharmacy by all persons prior to their engaging in the practice of pharmacy in this state and every pharmacist licensed in this state shall keep the Board informed as to his/her current mailing address and place of employment.

1. To obtain a license to engage in the practice of pharmacy by examination, the applicant shall:
  - A. Have submitted a written application on the form prescribed by the Board;
  - B. Be of good moral character as evidenced by having undergone and successfully passed a criminal background check conducted by the Board;
  - C. Have graduated and received a degree from a school or college of pharmacy accredited by the American Council on Pharmaceutical Education or as approved by the Board;
  - D. Have successfully passed an examination approved by the Board;
  - E. Have submitted documented evidence of the required practical experience;
  - F. Have paid the initial licensure fee (not to exceed two-hundred dollars (\$200.00)).
2. To obtain a license to engage in the practice of pharmacy by licensure transfer, the applicant shall:
  - A. Have submitted an application on the Official Application for Transfer of Pharmacist Licensure Form of the National Association of Boards of Pharmacy;
  - B. Have graduated and received a degree from a school or college of pharmacy accredited by the American Council on Pharmaceutical Education or as approved by the Board;
  - C. At the discretion of the Board, appear before the Board of Pharmacy for a personal interview;
  - D. Have successfully passed an examination approved by the Board;
  - E. Be of good moral character as evidenced by having undergone and successfully passed a criminal background check conducted by the Board;
  - F. Present to the Board proof that the license(s) granted to the applicant by any other state has not been suspended, revoked, canceled, surrendered, or otherwise restricted for any reason;
  - G. Have paid the initial licensure fee not to exceed two-hundred dollars (\$200.00).

No applicant shall be eligible for license transfer unless the state in which the applicant was licensed as a Pharmacist also grants licensure transfer to Pharmacists duly licensed by examination in this State, under like circumstances and conditions.

3. To obtain a license to engage in the practice of pharmacy, a foreign pharmacy graduate applicant shall obtain the National Association of Boards of Pharmacy's Foreign Pharmacy Graduate Examination Committee's certification which shall include, but not be limited to, successfully passing the Foreign Pharmacy Graduate Equivalency Examination and attaining a total score of at least 550 on the Test of English as a Foreign Language (TOEFL); and



- A. Have submitted a written application on the form prescribed by the Board;
- B. Be of good moral character as evidenced by having undergone and successfully passed a criminal background check conducted by the Board;
- C. Have graduated and been granted a pharmacy degree from a college or school of pharmacy recognized and approved by the National Association of Boards of Pharmacy's Foreign Pharmacy Graduate Examination Committee;
- D. May at the discretion of the Board appear before the Board of Pharmacy and demonstrate adequate spoken English Language skills;
- E. Have paid all fees specified by the Board for examination;
- F. Have successfully passed an examination approved by the Board;
- G. Have completed sixteen hundred hours of extern/internship hours approved by the Board;
- H. Have paid the initial licensure fee, not to exceed two-hundred dollars (\$200.00).

## **ARTICLE II PHARMACY BOARD EXAMINATION**

The examination shall consist of the North American Pharmacist Licensure Examination (NAPLEX) and the Multi-State Pharmacy Jurisprudence Examination (MPJE) or a test on Mississippi Pharmacy Law and Pharmacy Board Regulations administered by the Board.

To be eligible to take the NAPLEX examination, a person shall be a graduate of a school of pharmacy which is accredited by the American Council on Pharmaceutical Education or which has been approved by the Board.

A person desiring to take the examination for licensure as a pharmacist must make application for the examination on the form prescribed by the Board. The required fee for the examination must accompany the application.

To successfully complete the examination, the candidate must make a score of at least seventy five (75) on the NAPLEX part of the examination, a score of at least seventy five (75) on the MPJE part of the examination, or a score of at least seventy five (75) on the test of Mississippi Pharmacy Law and Pharmacy Board Regulations.

A person who takes the examination and fails the examination may repeat the examination; however, a person may not take the examination more than four (4) times without permission from the Board. A person who is not eligible to take the Mississippi Board of Pharmacy examination may not practice as an intern. A person who takes the examination and successfully completes the examination must become licensed within two (2) years of the examination date or the results of the examination become invalid.

### **ARTICLE III PRACTICAL EXPERIENCE REQUIREMENT**

1. The externship/internship practical experience required for licensure is defined as a total of sixteen hundred (1,600) hours of pharmacy experience. The said sixteen hundred (1,600) hours of practical experience shall be obtained after the student is enrolled in the professional program of a school of pharmacy. Practical experience hours gained through clerkships and externships, while enrolled in a school of pharmacy whose externship rotations are approved by the Board, may be used to satisfy these requirements. In order for a pharmacy student to be considered as a valid extern in such a program, he/she must be certified by a school of pharmacy as a bona fide student making normal progress toward completion of either a Bachelor of Science or a Doctor of Pharmacy degree in pharmacy.

Any remaining practical experience required for licensure, not obtained by the extern through externship rotations, may be obtained during official vacation periods when the extern is not enrolled as a full time student or as an intern after graduation. No more than fifty (50) hours per week of practical experience shall be credited during any of these periods.

2. All practical experience gained in Mississippi, which is related to the dispensing of drugs, must be under the direct and immediate supervision of a pharmacist registered in Mississippi and in good standing with the Mississippi Board of Pharmacy. The direct and immediate supervision by the pharmacist requires the physical presence of the supervising pharmacist at all times and includes the constant personal supervision and monitoring of the extern or intern by the supervising pharmacist. The supervising pharmacist shall be responsible for the activities of the extern or intern.
3. No practical experience obtained in this state shall be credited to an extern or intern unless such extern or intern be registered with the Mississippi Board of Pharmacy as a pharmacy extern/intern and be issued a registration to dispense controlled substances by the Board.
4. For practical experience obtained in another state and for which the Mississippi Board of Pharmacy is requested to grant credit toward the experience requirements, the applicant shall:
  - A. Submit the affidavits certifying the work experience to the Board of pharmacy in the state in which the experience was obtained;
  - B. Request that Board of Pharmacy to send copies of the affidavits to the Mississippi Board of Pharmacy along with certification that the hours of experience claimed are acceptable to that Board.

Upon receipt of copies of the affidavits and the statement of their acceptance by the Board of Pharmacy in the state in which the experience was obtained, the Mississippi Board of Pharmacy may grant the same credit toward practical experience requirements.

For purposes of these Regulations the term "practical experience" shall include, but not be limited to, the compounding, dispensing and labeling of drugs, interpreting and evaluating prescriptions, maintaining prescription drug records, and any other activity included in the practice of pharmacy.